

<b>Project Hanford Management Contractors/CH2M HILL/ERC Contractors</b>	<h2 style="margin: 0;">BENEFICIARY DESIGNATION FORM</h2>																		
Social Security No.	Name (Last, First, MI)																		
<p><b>1. Check One:</b>      <input type="radio"/> Unmarried      <input type="radio"/> Married</p> <p>If you are married and become widowed or divorced, you should complete a new form. If you are unmarried, your beneficiary designation may become void if you marry. A new form should be completed at that time.</p>																			
<p><b>2.</b> This beneficiary designation shall apply to any benefits that are payable following your death from the following benefit plans. (Check all that apply. If you wish to designate different beneficiary(ies) for these plans, you will need to complete separate beneficiary designation forms for each plan.):</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Savings / Investment Plan  <input type="checkbox"/> Pension Plan         </div> <div style="width: 45%;"> <input type="checkbox"/> Basic Life Insurance / AD&amp;D  <input type="checkbox"/> Personal Accident Insurance Plan - employee coverage         </div> </div> <p><b>Savings/Investment Plan:</b> Your spouse must be your sole primary beneficiary unless your spouse consents, in writing, to the designation of another beneficiary, see Section 6 of the Beneficiary Designation Form. <b>Pension Plan:</b> You may name a beneficiary, other than your spouse, <b>only</b> at the time your pension benefits start, and only if you have already elected to receive your Pension Plan benefits in the form of a term certain and life annuity or a joint and survivor annuity with a term certain guarantee. (Forms to be used at retirement include the Election of Benefit, Form A-6001-070, and the Spousal Consent to Waive the Qualified Joint &amp; Survivor Annuity, Form A-6001-067, if applicable.) <b>Life Insurance Benefits:</b> You may name someone other than your spouse to receive your life insurance benefits. However, if your spouse does not provide valid written consent to this election, the designation may be ineffective with respect to 50% of the proceeds.</p>																			
<p><b>3. Primary Beneficiary(ies):</b> I name the following Primary Beneficiary(ies) living at my death to receive any benefits which may be payable following my death from the benefit plans checked under Section 2 above. If I name more than one Primary Beneficiary and a Primary Beneficiary predeceases me, that Primary Beneficiary's share will go to:</p> <p> <input type="radio"/> that beneficiary's then living children and issue of deceased children, per stirpes,  <input type="radio"/> that beneficiary's estate, subject to administration,  <input type="radio"/> proportionately to the other named Primary Beneficiary(ies) as survive me.         </p> <p><b>Primary Beneficiary(ies):</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">Name</th> <th style="width: 33%;">Address</th> <th style="width: 20%;">Relationship to Participant</th> <th style="width: 14%;">% Share</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>				Name	Address	Relationship to Participant	% Share												
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<p><b>4. Contingent Beneficiary(ies):</b> The following named Contingent Beneficiary(ies) will receive any benefits which may be payable following my death from the benefit plans checked under Section 2 above which are not governed by Section 3 above. If I name more than one Contingent Beneficiary and a Contingent Beneficiary predeceases me, that Contingent Beneficiary's share will go to:</p> <p> <input type="radio"/> that beneficiary's then living children and issue of deceased children, per stirpes,  <input type="radio"/> that beneficiary's estate, subject to administration,  <input type="radio"/> proportionately to the other named Contingent Beneficiary(ies) as survive me.         </p> <p><b>Contingent Beneficiary(ies):</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">Name</th> <th style="width: 33%;">Address</th> <th style="width: 20%;">Relationship to Participant</th> <th style="width: 14%;">% Share</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>				Name	Address	Relationship to Participant	% Share												
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<b>Project Hanford Management Contractors/CH2M HILL/ERC Contractors</b>	<b>BENEFICIARY DESIGNATION FORM (continued)</b>
<b>SPECIAL INSTRUCTIONS:</b>	
<p><b>5. Participant/Beneficiary Signature:</b> As used in this form, the terms "children" and "issue" include adopted children, regardless of the date of the adoption. This designation will remain in force until another Beneficiary Designation Form is filed with Benefits Administration.</p> <p>Signature _____ Date _____</p> <p>Street Address _____</p> <p>City, State, Zip _____</p>	
<p><b>6. Spousal Consent for Designation of Beneficiary:</b> If you are married and you have elected someone other than your spouse as sole primary beneficiary of your Savings/Investment Plan account balance, your spouse must consent to the designation by signing below. Note that this Beneficiary Designation Form is valid for the Pension Plan only if the participant has already elected to receive his or her Pension Plan benefits in the form of a term and certain life annuity or a joint and survivor annuity with a term certain guarantee on Election of Benefit, Form A-6001-070, with the consent of the participant's spouse on the Spousal Consent to Waive the Qualified Joint and Survivor Annuity, Form A-6001-067. Spousal consent should also be obtained when you name someone other than your spouse to receive more than 50% of your life insurance if you reside in a community property state.</p> <p>I, _____, the spouse of _____,</p> <p style="text-align: center;">(Spouse's Name) (Participant's Name)</p> <p>certify in the presence of the Notary Public or authorized Benefit Representative indicated below, that I agree to the beneficiary designation(s) made by my spouse, on this form, for benefits under the plan(s) designated in Section 1 of this form above. I understand that the effect of my consent is that I may not receive any benefits under the plans named above. If my spouse's election relates to the Savings/Investment Plan or the Pension Plan, I waive my rights to a death benefit under such plan as required by the Retirement Equity Act of 1984 (and any other law existing or subsequently enacted, including community property law). I further understand that my consent is irrevocable, unless my spouse changes any Beneficiary designation in which case my consent is again required.</p> <p>Spouse's Signature _____ Date _____</p> <p>Spouse's Social Security No. _____ Spouse's Birth Date _____</p> <p>Witness _____ Date _____</p> <p style="text-align: center;">(Authorized Benefit Representative)</p> <p><b>OR</b></p> <p>STATE OF WASHINGTON )</p> <p>COUNTY OF _____ ) <b>ss.</b></p> <p>SUBSCRIBED AND SWORN to before me this _____ day of _____, 20____ by _____.</p> <p style="text-align: center;">Participant's Spouse</p> <p style="text-align: center;">NOTARY PUBLIC in and for the State of Washington. _____</p> <p style="text-align: right;">My appointment expires _____</p> <p style="text-align: right;">_____ (Print Notary Name)</p>	
<p>If you designate minor children (generally under age 18, but you may substitute age 21), you should also include a clause in the space marked "Special Instructions" to name a custodian. Otherwise, the property will be distributed to a court-appointed guardian for the child (an expensive procedure). For example: "If Robert John Doe, my son, has not reached the age of 21, then to _____ as custodian for him under the [Washington] Uniform Transfers to Minors Act."</p>	